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causes exhaustion, it must be fed by lavage, using a small soft rubber catheter for a stomach tube, attached to a small funnel.

If this method is used, great care must be exercised and of course the infant must be removed from the incubator and placed on the nurse's lap for the feeding.

If mother's milk is unobtainable, whey can sometimes be used for a few days.

Cyanotic attacks or blue spells occur very frequently. They are caused by insufficient feeding, overfeeding, indigestion, choking, and exhaustion, hence the need of constant watching. The child just stops breathing, turns blue, and unless immediate help can be given may die. Artificial respiration should be started at once; while this is being done a hot bath should be prepared, and if the child has not started to breathe, a hot dip given.

The intestinal tract needs constant attention. Normal salt flushings are useful for cleansing and stimulating purposes.

The temperature of the infant should be taken every four hours, a rise of temperature may be caused by the incubator being too hot, by insufficient feeding or irritation of the bowels.

The time of removal from the incubator depends upon the growth and development of the child. It should always be done gradually.

A PLAN SUGGESTED FOR PROVIDING SKILLED NURSING FOR THOSE OF MODERATE MEANS

By JENNIE M. WALTERS

[The following paper was read at a meeting of the Graduate Registered Nurses' Association of the County of Kings, by Miss Walters, chairman of a committee which had been appointed to investigate the best means of nursing those unable to employ trained nurses at full rates, and is the result of the study devoted to the subject by that committee. Ed.]

THE question, as we understand it, is how can we provide skilled nurses for the middle classes, who cannot afford the regular nurse's fee? At present they must accept the charity of some kind-hearted nurse who will either give her time and service free, or will work for less than the regular rates which, when analyzed, is a form of charity.

I will not take your time to go into the details of the many inquiries we have made of the numerous visiting associations. We found these without exception to be more or less of a charitable nature. We have tried to devise a plan for an organization whose object should not be

to dispense charity, but a plan whereby the nurse should have occasion to feel well paid for her services, and the family would be able to feel that they were not dependent upon charity.

We would advise starting a home or headquarters which, in many respects, would resemble the settlement homes with which many of us are familiar, a house which would accommodate eight or ten nurses to begin with and which would be in charge of a Chief Nurse or Supervisor. We will consider that for such a house, the rent would be about fifty dollars per month. The heating and lighting would average about six dollars per month. The salary of the head nurse would be sixty dollars per month and room rent, and the salary of the eight nurses fifty dollars and room rent, making a total of five hundred and sixteen dollars per month. Perhaps a salary of fifty dollars sounds very small, but after talking the matter over with several nurses, I find that a great number would gladly accept that amount for such work, knowing that it would be a regular income, whether employed or not, and that the hours of duty should never exceed twelve hours daily. The plan of providing meals used by the Henry Street Settlement of New York, suggests itself favorably. A cook is hired, and the catering is done by the head nurse, the expense being divided equally among the nurses monthly. The duty of the head nurse should be to make arrangements for the calls, all calls to come through the physicians, thus making it possible to more carefully inquire into the financial condition of the family, and preventing those able to pay full rates, from taking advantage of this organization. She should assign the cases to the nurses, arrange their hours, etc. For a nurse's services, not to exceed twelve hours daily, a charge of sixteen dollars to twenty-one dollars per week should be made. For nursing by the hour, such as dressings, operations, baths, etc., a charge of one dollar for the first hour, fifty cents for the second hour, and twenty-five cents for each succeeding hour should be made. Suppose that six of the eight nurses were continually employed at the minimum charge of sixteen dollars per week, the income from that source would amount to three hundred and eighty-four dollars per month, and if the remaining two nurses, doing hourly nursing, were employed for four hours daily, this would amount to about one hundred and fifty dollars per month, a total of five hundred and thirty-four dollars monthly. You will remember that the total monthly expense as estimated, was five hundred and sixteen dollars or eighteen dollars less than the estimated income. Of course this is reckoning very closely but we believe that in many cases, more than the minimum charge could be made, and so increase the income.

Another plan which might be adopted, is having a loan account. This might be started and even maintained by subscription, and its object be the following. In cases where a family found it necessary to have, for the time being, a second nurse, and could not at once pay for the same, a loan for that nurse's fee, might be made to the family and paid to the organization, allowing the family to repay when possible at some future time. There are many other ideas, that might later be developed, such as a renting closet, which would take the place of the loan closet of the visiting nurse associations. Here could be kept a supply of articles that could be easily sterilized, such as blankets, sheets, water bags, douche bags, etc., and even gowns might be rented for a small sum and so add to the income of the Association, and save the family the expense of buying the otherwise unneeded supply. The plan which we have tried to roughly outline seemed to the Committee, a feasible one, which, with the help and backing in the beginning of any one of our nurses' associations, might become almost immediately self-supporting, and fill in our city a long felt and great need.

THE PIONEERS OF THE NEW YORK HOSPITAL TRAINING SCHOOL

By ADELE M. HODGSON

Graduate of the New York Hospital Training School

BEFORE we speak of ourselves, we must, for one moment, think of Florence Nightingale, the first and best and greatest of all pioneer nurses, in memory of whose services in the Crimean war, the first Training School, The Nightingale, was founded in England to begin the systematic training of women. In this country the first schools were founded in Boston and New York in 1872-1873, and our school at the New York Hospital, on West Fifteenth Street, followed in 1877. We may therefore claim a place among the pioneers.

The word defined means—one who clears the way for others, and suggests hardships and trials, calling for fortitude, energy, patience and perseverance. On that score I do not think the classes of 1879-80 can command extreme veneration or awesome respect. The way, as you see, had been cleared for us. The old New York Hospital had given place to the beautiful new building. The Governors had fully decided to have a school for gentlewomen of education, culture and good repute, who should also do the very practical work, while being instructed personally by physicians and surgeons, and a competent graduate nurse. We were